# NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents

DAGI				5.0									
								• • • •		<b>D</b> *			
	nt/Incident Loc					-	A	cident/Incid					
	City/Place: Phoe				_ State: <u>/</u>	Z	Da	te: <u>08/</u>	<u>18/2020</u>	Lo	cal Time: _	12:00 pm	
ZIP: <u>85027</u> Country: <u>United States</u> Latitude: <u>33.6843° N</u> Longitude: <u>112.08</u>			00000 \\				mm/de	d/yyyy	Ti	me Zone:	Mountain S	Standa	
Latitude:													
	(Enter in decima	l degrees or a	legrees:minutes:see	conds)			Co	ollision with	Other Air	craft: C	) Midair	OOn-groun	d <b>O</b> None
AIRC	AIRCRAFT INFORMATION												
	ation Number:							🗹 IFR-Equip	oped and Ce	ertified			
0	cturer: <u>Cessr</u>							Commerci		ght			
Model:	172S						N	laximum Gr	oss Weigh	t: 2558		lbs	
Serial N	umber: <u>172</u> S	8532						eight at Tin	-				lbs
Year of	Manufacture:	2000					Ν	umber of Se	ats: 4		Flight Cre	w Seats: 2	
Amateu	r-Built: OYes		Kit/Plans Mal	ke:				abin Crew Sea					
	No	(	Original Design				Ν	umber of Er	ngines: <u>1</u>				
Catego	ry of Aircraft		irworthiness Ce	rtificate		Landing Ge				Engine	e Type (Se		
• Airpla		(Check all the Standard				(Check all the	-			• Reci	procating		d Rocket Rocket
O Ballo O Blimr	on Dirigible	Norma		ted			Ret	ractable		O Turb O Turb	o Shaft		id Rocket
OGlide	r	Aeroba	atic Limite	d		Tricycle			ailwheel	OTurb		ONone	
OGyrop		Balloo				Amphibia			igh Skid	OTurb		OUnkn	own
O Helic O Powe		Comm Transp	- 1			□Emergenc □Float	cy F	loat □SI		OElec	tric		
ORocke		✓ Utility		l Light-Spo	rt				ki/Wheel	Fuel Sv	stom Tyne	Reciprocatio	na)
	OUltralight Experi			mental Ligl	nt-Sport	□ Other I a				-	System Type (Reciprocating) Carburetor O Fuel-Injected		
OUnkn	own		e of Authorization		(COA)		unci	5 5		Ocure	uretor	Orter	injected
		□None		Unknown		□ None			Inknown Rated Pow		Total	T:	Since:
			Engine		Manuf	acturer's		Date of Mfg.	• Horsep		Time	Inspection	
Engine	Engine Manufa	cturer	Model/Series		Serial I	Number		mm/dd/yyyy	O lbs of		(hours)	(hours)	(hours)
	Lycoming		IO-360-L2A		L-31448	3-51A		04/03/2004	180BHP		10519	35.3	1767.8
Eng. 2													
Eng. 3													
Eng. 4				Propell	er 1	• Fixed P	Pitch	1	Prone	eller 2	0	Fixed Pitch	
	spection Type			Tropen	OControll			ollable Pitch OControllable Pitch					
O AAIP	our OCont	tinuous Airwo ditional Inspec		OGroun Manufacturer: McCauley				d Adjustable OGround Adjustable Manufacturer:					
O Annua													
Date La	st Inspection:			ELT In			No					Check all that	
Airfran	ne Total Time:	mm/dd/yy	yy hrs	If Yes:		0			🗹 AD	S-B	•		······································
	s measured at (S		1113	5	nufactur	er: Pointer				frame Para			
	,	,	ccident/Incident			.: <u>3000-11</u>					ck Indicato	r	
TSO No.: C					(121.5 MHz)	<b>D</b> C9	91a (121.5 MH	<sup>z)</sup> □Dat	a Recorde				
A nnual				OC126 (406 MHz) Electronic Flight Bag or Handheld Devic Electronic Multifunction Display					vice				
O Conditional (Amateur-built only)						unted in aircra				etronic Mit	mary Fligh	Display t Display	
O Manufacturer's Inspection Program					nected to ante ? OYes O				dheld GP		· _ · ~p ·)		
O Other Approved Inspection Program (AAIP)				If activa				Heads Up Display					
	, specify:			0		ocating Aircra	aft:	OYes ONo				e	
Descrip	tion of Fire Ex	tinguishing	System	If not ac	ctivated:				🗹 Stal	☐ Satellite Tracking Device ☑ Stall Warning System			
None	;	- 0		Indicate	Reason:	Impact Da		ge			ing Device		
O Spec	iry:					☐ Fire Dama ☐ Battery Ex		d/Damaged		er, Specify	y -		
								a Damageu					

<b>OWNER/OPERATOR INFORM</b>	ATION	
Registered Aircraft Owner		City: Phoenix
Name: Westwind School of Aeronautics	LLC	State: AZ ZIP: <u>85027</u>
Fractional Ownership Aircraft: <b>O</b> Yes <b>G</b>	) No	Country: United States
<b>Operator of Aircraft</b> Same As Re	gistered Owner	Same Address as Registered Owner
Name:		City:
Doing Business As:		State: ZIP:
Air Carrier/Operator Designator (4 Charact	er Code):	Country:
<b>Operating Certificates Held</b> (Check all that apply)	Regulation Flight Conducted Un	der Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)
<ul> <li>None</li> <li>Flag Carrier Operating Certificate (FAR 121)</li> <li>Supplemental</li> <li>Air Cargo</li> <li>Foreign Air Carriers (FAR 129)</li> <li>Rotorcraft External Load (FAR 133)</li> <li>Commuter Air Carrier (FAR 135)</li> <li>Don Demond Air Tarrier (FAR 135)</li> </ul>	<ul> <li>FAR 91</li> <li>OFAR 129</li> <li>OFAR 103</li> <li>OFAR 133</li> <li>OFAR 135</li> <li>OFAR 121</li> <li>OFAR 135</li> <li>OFAR 125</li> <li>OFAR 137</li> <li>OFAR</li> <li>OFAR 91 Special Flight</li> <li>ONon-US, Commercial</li> <li>ONon-US, Non-commercial</li> </ul>	431 O Non-Scheduled or Air Taxi O International
<ul> <li>On-Demand Air Taxi (FAR 135)</li> <li>Commercial Air Tour (FAR 136)</li> <li>Agricultural Aircraft (FAR 137)</li> <li>Pilot School (FAR 141)</li> <li>Certificate of Authorization or Waiver (COA)</li> <li>Commercial Space Transportation Experimental Permit</li> <li>Commercial Space Transportation License</li> <li>Other Operator of Large Aircraft</li> </ul>	OPublic Aircraft <i>(Select one)</i> O Armed Forces	Purpose of Flight for FAR 91, 103, 133, 137         (Select one)         O Aerial Application       OFirefighting       OUnknown         O Aerial Observation       OFlight Test       OInstructional         O Air Drop       OGlider Tow       OInstructional         O Banner Tow       OOther Work Use       OPersonal         O Executive/Corporate       OPositioning
Revenue Sightseeing Flight	Air Medical Flight	OExternal Load OSkydiving
O Yes ⊙ No	O Yes ● No	
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	proach, landing, takeoff, departure, or within 3 miles of an airport)
Airport Name: Deer Valley Airport		Distance From Airport Center: <u>.3</u> sm
Airport Identifier: KDVT		Direction From Airport: degrees true
<b>Proximity to Airport: O</b> Off Airport/Airstri	p On Airport/Airstrip ON/A	Airport Elevation: 1478 ft. msl
Runway Information		Condition of Runway/Landing Surface (Check all that apply)
Runway ID: 7R       (L/R/C) Length: 87         Runway/Landing Surface       (Check all that all th	adam 🔲 Water	☑ Dry       ☐ Snow-Compacted       ☐ Water-Calm         ☐ Holes       ☐ Snow-Crusted       ☐ Water-Choppy         ☐ Ice Covered       ☐ Snow-Dry       ☐ Water-Glassy         ☐ Rough       ☐ Snow-Wet       ☐ Wet         ☐ Rubber Deposits       ☐ Soft       ☐         ☐ Slush-Covered       ☐ Vegetation       ☐ Unknown
Approach/Departure Segment (Select one	)	
OTaxi OTakeoff OInitial Climb	OOn Instrument Ap edure/Clearance OLanding	proach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown
<b>IFR Approach</b> (Check all that apply) ☑ None		VFR Approach (Check all that apply) □None
ADF/NDB PAR SDF Sidestep VOR/TVOR ILS VOR/DME Localizer Only TACAN LOC-back course RNAV	MLSPracticeLDAGPSASRVisualContactCircling	□       Traffic Pattern       □       Stop and Go         □       Straight-In       □       Touch and Go         □       Valley/Terrain Following       □       Simulated Forced Landing         □       Go Around       □       Forced Landing         □       Full Stop       □       Precautionary Landing         □       Unknown       □

"FLIGHT CREWMEMBER 1" INFORMATION										
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident O Pilot O Co-Pilot O Student Pilot O Flight Instructor O Check Pilot O Flight Engineer O Other Flight Crew										
"Flight Crewmember 1" was	pilot flying		No		-	-		-		
"Flight Crewmember 1" Ider	ntification									
First Name: Aby		City of Re	sidence: P	hoenix						
Middle Initial: J					State: Ari			ZIP: 85085	5	
Last Name: David						United St				
Age at time of A	Accident/Incide	ent: 20	Date of B	sirth:	Country.	_	m/dd/yyyy			
rige at time of r	leendenti meraa		 Certificate Num							
Degree of Injury	Seat Occup				straint Tv	 ne			[nflatahla ]	Postraints
<ul> <li>None</li> <li>Fatal</li> <li>Minor</li> <li>Unknown</li> <li>Serious</li> </ul>	<ul> <li>Left</li> <li>Right</li> <li>Center</li> </ul>	O Front O Rear O Single	<b>O</b> Unknow		Restraint Type     Inflatable Restra       Available     Used       O None     O None       O Lap only     O Lap only					talled
Pilot Certificate(s) (Check all	that apply)				• 3-poin	ıt	⊙3-point	, ,	🗖 Not Dej	ployed
□ None       □ Flight In         ☑ Private       □ Recreation         □ Student       □ Sport	onal 🗖	Commercial Airline Transp Flight Enginee			O 4-poin O 5-poin O Unkno	ıt	O 4-point O 5-point O Unknow	vn	☐ Deploye ☐ Unknow	
Principal Occupation M	edical Certifi	cate		Me	edical Cer	tificate Va	lidity		Date of Las	st Medical
O Other	Class 1	Class 3 Driver's Lice Unknown	ense (Sport Pilot	only) O		itations/wai tions/waivers ance		/nknown //A	<u>06/19/20</u> mm/dd/yy	
Medical Certificate Limitation	ons	_		•				•		
Must wear corrective lenses										
M. P. J. C. P. A. C. P. J.										
Medical Certificate Special I	ssuance									
Date of Last Flight Review		Fligh	t Review Airc	raft						
or Equivalent, Including		C	:							
FAR 121/135 Checks:	mm/dd/yyyy	Mode								
Airplane Rating(s)	Other Aircra			ent Rating(	c)	Instructo	r Rating(s)			
(Check all that apply)	(Check all that a			l that apply)	5)	(Check all				
□ None	None None		None			None None			Instrument	
✓ Single-Engine Land □ Single-Engine Sea	☐ Airship ☐ Balloon		✓ Airpla ✓ Helico				e Single-Eng e Multi-Engi		Instrument Helicopter	Helicopter
☐ Multiengine Land	Glider		Power						Glider	
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter					D Powere	d Lift		Sport	
	□ Powered Lif	ì								
Type Ratings						Student F	Indorseme	nts (Include	dates)	
			Airplane			Inst	rument			
<b>Flight Time</b> (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	205	205	205		15		51		Shuth	
Pilot in Command (PIC)	109	109	109		12		48			
Time as Instructor										
This Make/Model										
Last 90 Days	62	62	62		11	I 0	60			
Last 30 Days	15	15	15		(		0			
Last 24 Hours	2	2	2		(	0	0			

"FLIGHT CREWMEMBER 2" INFORMATION											
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot O Student Pilot O Flight Instructor O Check Pilot O Flight Engineer O Other Flight Crew											
"Flight Crewmember 2" was	s pilot flying	🗆 Yes 🛛 🗹	No								
"Flight Crewmember 2" Ide	ntification										
First Name: Seokheon	ity of Re	eside	ence: Pho	oenix							
Middle Initial:					-				IP: 85024		
Last Name: Kang					ate: <u>Ari</u>				IP. <u>60024</u>		
					ountry:	Ur	nited Stat				
Age at time of A	Accident/Inciden		Date of Bir				<i>mm</i> ,	/dd/yyyy			
D 47.1			tificate Numb								
<b>Degree of Injury</b> <b>O</b> None <b>O</b> Fatal	Seat Occupi OLeft	OFront	OUnknow		traint T	ype	9			Inflatable R	lestraints
O Minor O Unknown O Serious	© Right O Center	ORear OSingle	Olikilow		Available     Used       O None     O None       O Lap only     O Lap only						
Pilot Certificate(s) (Check all	that apply)				<b>O</b> 3-po	int		• 3-point		🗖 Not Dep	oloyed
□ None		Commercial	🗖 US Mi		О 4-ро О 5-ро			O 4-point O 5-point		□ Deploye □ Unknow	
□ Private □ Recreat □ Student □ Sport		Airline Transpo Flight Engineer		n	O Unk		n	O Unknow	'n		*11
Principal Occupation N	Aedical Certific	ate		Me	dical Ce	ertif	ïcate Val	idity		Date of Las	t Medical
0		Class 3		•			tions/waiv		nknown	06/01/20	10
•		Driver's Lice Unknown	nse (Sport Pilot		Vith limit pecial Is:		ns/waivers	O N	/A		
Medical Certificate Limitati	• • • • •				1						
	0115										
Must wear corrective lenses											
Medical Certificate Special	Issuance										
······											
Date of Last Flight Review		Flight	Review Airc	raft							
or Equivalent, Including		U		rait							
FAR 121/135 Checks:	07/24/2019		Cessna								
	mm/dd/yyyy	Model									
Airplane Rating(s) (Check all that apply)	Other Aircraf			ent Rating(s)	)			Rating(s)			
□ None	□ None	рріу)	None	that apply)		È	<i>heck all the</i> None	at apply)	п	Instrument A	irnlane
✓ Single-Engine Land	Airship		🗹 Airplai			~	Airplane	Single-Engin	ie 🗆	Instrument H	elicopter
☐ Single-Engine Sea ☐ Multiengine Land	☐ Balloon ☐ Glider		Helico					Multi-Engine		Helicopter Glider	
☐ Multiengine Sea	Gyroplane		D Power	ed Lift			Gyroplan Powered			Sport	
<b>–</b> <i>č</i>	Helicopter						1 o li o l	2	-	Sport	
Tom & Datin as	□ Powered Lift					64	- Jan 4 Ea	. J			
Type Ratings						50	udent En	dorsement	s (Include d	ates)	
Flight Time (Enter appropriate		This Mala	Airplane	Aincless			Instr	ument			Linkton
number of hours in each box)	e All Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Night	t	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	639	328	639		:	28	8	48			
Pilot in Command (PIC)	563	328	563			25	8	45			
Time as Instructor	332	328	332		2	20	0				
This Make/Model											
Last 90 Days	74	74	74								
Last 30 Days	49	49	49								
Last 24 Hours	0	0	0		1						

		ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)							
Crew Name and Add	lress						Seat Occupie	d	Injury
Middle Initial:		State	e:		ZIP:		O Left O Center O Right	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
Pilot Certificate(s) ( None Private Student Type Rating/Endors Accident/Incident A	Flight Instructor Recreational Sport	□ Airl □ Flig		oort DFor er light Time at		hrs	Restraint Typ Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	pe: Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Crew Name and Add	lress						Seat Occupie	d	Injury
Middle Initial:		State	e:		ZIP:		OLeft OCenter ORight	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
Pilot Certificate(s) ( None Private Student Type Rating/Endors Accident/Incident Ai	□ Flight Instructor □ Recreational □ Sport ement for ircraft? □Yes	Airl Flig		oort	-	hrs	Restraint Ty Available O None Lap Only O 3-point O 4-point O 5-point O Unknown	pe: Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
			م مابیام م				4 <b>:f</b> ==================================		
AUGENGER(3)	OTHER PERSO	ONNEL (	Include c	abin crew; c	ontinue on s	eparate shee	t if necessary)	Inflatable	
Name and Address	UTHER PERS	ONNEL (I	Include c	abin crew; c Seat	ontinue on s Injury	eparate shee Restraint T		Inflatable Restraints	Age
	City : State:	ZIP:				Restraint T Available ONone OLap Only O3-point O4-point	Yype Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints           Not Installed           Installed           Not Deployed           Unknown	Under 5 years
Name and Address First Name: Middle Initial: Last Name:	City : State: Country: OPassenger City : State:	ZIP: O Ot ZIP:		Seat OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point	Yype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None D Lap Only O 3-point O 4-point O 4-point O 5-point	Restraints           Not Installed           Installed           Not Deployed           Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held
Name and Address         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:	City : State: OPassenger City : State: Country: OPassenger City : State:	ZIP: O Ot ZIP: O Ot ZIP:	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury None Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point	Yype Used O None Lap Only O 3-point O 4-point O Unknown Used O None Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used O None Lap Only O 3-point O 4-point O 5-point O 1000000000000000000000000000000000000	Restraints          Not Installed         Installed         Not Deployed         Deployed         Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years

FLIGHT ITINERARY	INFORMATIO	N						
Last Departure Point	Tim	e of Departure	Destinatio	n		Type Fligh	t Plan F	ïled
Airport ID: KDVT		11:00	Airport ID:	KDVT		• None		O VFR/IFR
City: Phoenix	Time	: <u>11:00 am</u>	City: Pho	enix		O Company O Military		O IFR O Unknown
State: AZ	Time	Zone: MS	State: AZ			O Winnary O VFR	VFK	<b>U</b> Ulikilowii
Country: United States				Inited States			OYes	ONo OUnknown
Type of ATC Clearance/Se	rvice (Check all that	apply)						
□ None □	Special VFR		ecial IFR		□ VFR Flight Follo	owing	Cruis	se
VFR C	IFR	□ VF	R On Top		Traffic Advisory		🗖 Unkr	nown / NA
Airspace where the acciden							Altitu	de of In-Flight
	Class G		itary Operations		Special	-1 4		rence:
	Demo Area Warning Area		port Advisory A Training Area	lea	Air Traffic Contr	of Alea	147	78 ft msl
	Prohibited Area	TR:	SA					
Class E	Restricted Area	□ FAI	R 93					
WEATHER INFORM	ATION AT THE	ACCIDEN	T/INCIDEN	T SITE		<u>.</u>		
Source of Pilot Weather In	formation				servation Facility			
(Check all that apply)				Facility ID: K	DVT ATIS			
✓ National Weather Service ☐ Flight Service Station	□ Com □ Mili			Observation Ti	me: <u>11:00</u>			
TV/Radio	☑ Inter			Time Zone: 🚺	IS			
Automated Report	(DULATE) Non				Accident Site: 0			
Commercial Weather Service	(DUATS) Unk	nown			Accident Site:			true
Basic Conditions		Light Conditi	ion					
<b>⊙</b> VMC		ODawn	ODusk	ODark	Night <b>O</b> Un	known		
OIMC		<b>O</b> Day	ONight		ht Night			
<b>O</b> Unknown					1			
Sky/Lowest Cloud Condition	n	Ceiling			<b>Temperature:</b>	39	(C) or _	(F)
	O Thin Broken	• None (Clear)		Obscured Indefinite	Dew Point: 9	((	n ('	(F)
-	O Thin Overcast O Unknown	O Broken O Overcast		Unknown				
O Scattered			Ũ	e initio i i i	Altimeter Setting:         29.98         in. Hg           or        MB			
Lowest Cloud Condition H	eight	Ceiling Heigh	it			or	MB	•
	ft agl			ft agl				
Wind Direction	Wind Speed		Wind Gusts		Visibility	unknown	miles	
□ Variable	Calm		Not Gustin	ıg	RVR	:		
	Light and Varia	able			RVN		niles	
-or- Direction: 100 degrees true	-or- Speed: 10	kts	-or- Speed:	kts			mes	0
				KtS	Density Altitud			_ ft
Intensity of Precipitation	Type of Precipit		11.07	р.:	Restriction to			hat apply)
O Light O Moderate	✓ None □ Rain	<ul><li>Drizzle</li><li>Ice Pellets</li></ul>	□ Freezin □ Snow S		Blowing Du		Fog Ground Fc	)g
OHeavy	□ Snow	□ Snow Pellet	ts 🛛 Ice Pell		Blowing Sar	nd 🗖 I	Iaze	0
⊙ N/A	Hail	Snow Grain		g Drizzle	Blowing Sn		ce Fog	
OUnknown	□ Rain Showers	□ Ice Crystals			□ Blowing Sp □ Dust		Smoke Jnknown	
Icing Forecast		Icing Actual			Turbulence			
Amount Type		Amount	Туре		Type (Check a	ll that apply)		verity
None     O N/A		None     Trace	O N/A		☑ None □ Clear Air			Light Moderate
O Trace O Rime O Light O Clear		O Trace O Light	O Rime O Clear		Terrain-Indu	iced		Severe
O Moderate O Mixed		O Moderate	<b>O</b> Mixe					Extreme
O Severe O Unknow	wn	O Severe	<b>O</b> Unkr	nown				
OUnknown		<b>O</b> Unknown						
NOTAMs (D and FDC),	AIRM <mark>ETs, SIG</mark> N	1ETs, PIREPS	s in effect at	the time of t	he accident/incid	lent:		

## DAMAGE TO AIRCRAFT AND OTHER PROPERTY

**Aircraft Damage** O None

O Minor

● Substantial O Destroyed

**Aircraft Fire** • None Õ In-Flight O Unknown

**O** Both Ground and In-Flight O Fire at Unknown Time O Unknown

### Aircraft Explosion

• None O In-Flight O On-Ground

**O** Both Ground and In-Flight O Explosion at Unknown Time O Unknown

**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)

O On-Ground

Damage to firewall and floor. Sent to Eric Guiterez

## NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

Statements of Instructor and Student sent to Eric Guiterez

<b>RECOMMENDATION</b> (How could this	accident/incident h	ave been preven	ted?)		
Operator/Owner Safety Recommendation					
Instructor needed to be quicker to recogr	nize and react to sit	tuation.			
MECHANICAL MALFUNCTION/	FAILURE (If mo	re space is need	ed. continue on sep	arate sheet)	
Was there Mechanical Malfunction/Failur		-			Total Time/Cycles
(If yes, list the name of the part, manufacturer, part	rt no., serial no., and de	escribe the failure.)			On Part
					Hours
					Cycles
					Time Since This Part
					Inspected/Overhauled
					Hours
FUEL & SERVICES INFORMATI	ON				
<b>Fuel on Board at Last Takeoff</b> (Convert from pounds, as necessary)	<b>Fuel Type</b> O 80/87	<b>O</b> 115/145	<b>O</b> Jet B	• Other manify	
<u>30</u> Gallons	• 100 Low Lead	O Jet A	<b>O</b> JP8	O Other, specify	
Other Services, if Any, Prior to Departure	O 100/130	O Jet A-1	O Automotive		
Other Services, if Any, Prior to Departure	;				
EVACUATION OF AIRCRAFT					
Was an emergency evacuation of the aircr	•		No		
Method of Exit – Describe how the occupan	its exited and now m	any occupants ev	acuated each location	1	
OTHER AIRCRAFT – COLLISIO	N (If air or ground	collision occurr	ad complete this se	ction for other aircra	
			eu, complete this se		mage to Other Aircraft
					Destroyed I Minor Substantial None
Registered Owner of Other Aircraft			lot of Other Aircraf		Substantial 🔲 None
Name:				•	
City:		Ci	tv:		
State:ZIP:	·····	St	ate: ountry:	ZIP:	
· · · · · · · · · · · · · · · · · · ·					

#### ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

#### I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

# Date of this Report Name of Pilot/Operator: \_\_\_\_\_ 09/03/2020 Signature: \_\_\_\_\_ mm/dd/yyyy or

-- or -- Check here to electronically sign this document

#### If a Person Other than Pilot/Operator is Filing Report

Name:	Т	b	in	W	el	ls
ivame:		JU		V V	CI	10

Title: Chief Flight Instructor

Signature: \_\_\_\_\_

-- or -- Check here to electronically sign this document

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NTSB Accident/Incident No. Reviewed by NTSB Regional Office Name of Investigator Date Report Received							
WPR20CA293	WPR	Eric M. Gutierrez	9/4/2020				